



WA State Dept. of Health
Immunization Program

Immunization Update

November 2001

Influenza News

FLU PLAN ACTIVATED Vaccine supplies increase but shipments are delayed

Flu Plan

Public and private partners around the state are implementing the Washington State Influenza Prioritization Plan. Mass vaccination contractors including Maxim, Get a Flu Shot.Com and Visiting Nurse Services are partnering with public health and delaying flu shot clinics for the general public until November.

Despite recent news that encourages everyone to get a flu shot, the message remains the same. People at high-risk for complications from the flu including those over age 65, those with chronic health conditions and children at risk need to be vaccinated first. The generally healthy could wait until late November and December to be immunized. Encourage a pneumococcal vaccination when appropriate.

Vaccine Supply

The good news is that all three flu vaccine manufacturers have lots being released by the FDA. Projected distribution for 2001 has increased slightly from last year. Shipments

will be delayed as anticipated with entire shipments expected in early December. Stay tuned to these web sites for current information: www.cdc.gov/nip/flu and www.fda.gov/cber/flu.

State-supplied flu vaccine is available for high-risk children only. As expected, delivery of vaccine to the Immunization Program will be delayed. As vaccine is received, it will be distributed to LHJs. Please see the ACIP recommendations at: www.cdc.gov/acip (click on recommendations and see influenza).

Now is the time to partner and share information about vaccine needs with other LHJs. The Adult Subcommittee of the Immunization Action Coalition of WA (IACW) is working on ideas for helping with monitoring and brokering vaccine. See the CDC Influenza Vaccine Bulletin #9 on our web page for information about vaccine redistribution. "Anticipated delays in delivery of influenza vaccine this flu season constitute emergency medical reasons for redistribution of vaccine, within the meaning of Section 503©(3)(B)(IV) of the Food, Drug, and Cosmetic Act (FDC Act), as determined by FDA."

Flu planning this year has proved to be a great example of successful partnership. Thanks!

Questions or concerns? Contact:
beth.hines@doh.wa.gov

Inside this issue:

Vaccines.....	2
Education.....	2
AFIX Corner.....	3
Hepatitis.....	4
CHILD Profile....	5
IACW.....	6

Vaccine News

Vaccine supplies are still variable. We are still experiencing delays in receiving Td, DTaP, and PCV7 vaccines. We received our full influenza vaccine order at the end of October. Td is currently only available for high-risk conditions. Td supplies are expected to return to normal in mid 2002. DTaP vaccine is expected to become more available in the next month and return to normal distribution patterns in early 2002. We expect partial PCV7 shipments to last into mid 2002 as the manufacturer

continues to address manufacturing issues.

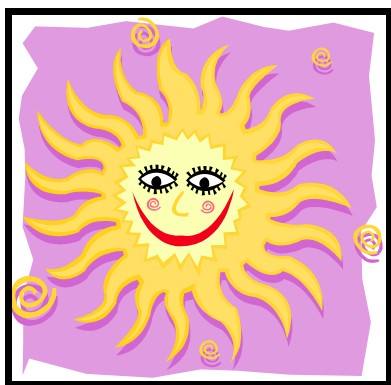
Vaccine Ordering for December

This is a reminder that we need all of your vaccine orders for the month of December by the first week of December. Due to shipping challenges during the busy holiday mailing season, we cannot guarantee vaccine shipments, so we will ship no later than 12/12 and then start back on our regular schedule in January.

Education News

New Spanish-language health Web site started

The Dept. of Health and Human Services launched a new Spanish-language Web site in September that helps consumers find reliable health information quickly on the Internet. The healthfinder.espanol Web site is modeled on the original healthfinder site, which Forbes has called "probably the quickest way to find Web-based information on a particular health condition." The new site (<http://www.healthfinder.gov/espanol/>), provides Spanish-language health information on over 300 topics from 70 government and nonprofit organizations.



7th Edition—Pink Book

CDC will be producing a new version of the Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book). It sounds as if almost every chapter has been updated.

The Immunization Program is planning to purchase 2 books for each LHJ this year. We will also once again be supporting the purchase of Pink Books to be given to attendees of the 4-part downlink. The dates for the downlink are set for 3/14; 3/21; 3/28; and 4/4.

Material Ordering Reminder

Please remember to order immunization materials from the state by using our new e-mail address, immunematerials@doh.wa.gov or by FAX at 360-664-2929. We will be phasing out the use of the phone line, so your help in spreading the word is appreciated.

CIS now available in 22 languages

The CIS form is now available on the DOH IP website, www.doh.wa.gov/cfh/immunize under the School and Childcare section in

22 languages for your use. Please share this information with your partners and the

schools in your county.

Current VIS's

Check to be sure these are the VIS's that you are using.

Diphtheria/Tetanus/Pertussis (DTaP)	7/30/01 New
Hepatitis A	8/25/98
Hepatitis B	7/11/01 New
Haemophilus Influenzae type b (Hib)	12/16/98
Influenza	4/24/01
Lyme Disease	11/01/99
Measles/Mumps/Rubella (MMR)	12/16/98

Meningococcal	03/31/00
Pneumococcal Polysaccharide	7/29/97
Pneumococcal Conjugate	7/9/01 New
Polio	1/1/2000
Tetanus/Diphtheria (Td)	6/10/94
Varicella (Chickenpox)	12/16/98
Anthrax	11/6/2000

“AFIX CORNER” (new feature the Update)

Frequently Asked Questions



- ♦ **When I open up the AFIX software, I don't see anything that says 'Casita'. What do I use?** Click on Hybrid CASA. The list that is given when you start the software is CASA, mini-CASA, and Hybrid CASA.
- ♦ **I think it would be much easier to use CASA. Do I have to use the Casita software for AFIX?** If you are more comfortable using CASA or if you already have your providers on board for using CASA, by all means use CASA to do the Assessment. You would then use the CASA Report (along with the client records for reference) to assist in the Feedback and Incentive portions of the AFIX Strategy. AFIX is an overall strategy of Assessment, Feedback, Incentive and eXchange. The Casita software is just one option for the Assessment piece. This screening tool was developed to provide a quicker option.
- ♦ **Doesn't CASA require the review of 200 charts? The provider does not have 200 children aged 19-35 months.** Although CASA is more statistically accurate with 200 records, you can still do a CASA for a provider with less than 200 children in this age range. You would either do a CASA (reviewing all of the records in the age range) or you would do a Mini-CASA and review 60 records. However, you need to be aware (and let the provider know) that with a smaller number of charts, just a few children not up-to-date can easily influence the overall immunization rate for the practice.

- ♦ **There just is not enough time to provide the Feedback in the same visit as the Assessment. Is it all right to schedule another visit?** Yes! Although it is the ideal to do both at the same visit, it is not always possible. If you cannot do both activities in the same day, make every effort to complete them within 2 weeks time. (Remember to make sure that the right people from the provider office are present at the Feedback session!)

RESOURCES: The CDC/National Immunization Program website has both AFIX and CASA resources. The address is - <http://www.cdc.gov/nip/vfc/>. Once you are at that site, look in the long column on your left, under Subsites and click on the topic you need.

CASA software was updated in June 2001. We suggest that you download and install the new software. To review changes to the software, once in the software, click on Help, then click on Modifications, and at the bottom of the screen, click on Wcfixes.

Hepatitis News

Information from Hal Margolis, MD, Chief of the Centers for Disease Control and Prevention, Division of Viral Hepatitis from a presentation entitled: "Integrating Services for Prevention of Viral Hepatitis, HIV/AIDS, and STDs"

- National initiative to integrate prevention services for preventing viral hepatitis, HIV/AIDS, and STDs since similar high-risk groups are targeted.
- Reasons to combine viral hepatitis, HIV/AIDS, STD, and drug use prevention services include: 1) major public health problems, 2) lack of integrated prevention activities leads to viral hepatitis transmission, and 3) routes of transmission overlap.
- Disease burden from bloodborne viral infections:

Outcome	Hepatitis B Virus (HBV)	Hepatitis C Virus (HCV)	HIV
Chronic infections	1.2 million	2.7 million	0.8 million
New infections/yr	100,000	35,000	40,000
Deaths/yr	5,000	8,000	18,000

- There are missed opportunities for prevention of HBV infection: of persons with acute HBV, 36% were previously treated for an STD, 25% previously incarcerated, and 11% were both incarcerated and treated for an STD.
- Among young men who have sex with men, only 9% are vaccinated with hepatitis B vaccine.

New Hepatitis Resources on next page.



New Hepatitis Resources:

- Presentation by Joanna Buffington, MD, with the Division of Viral Hepatitis entitled: “Epidemiology and Prevention of Viral Hepatitis A to E: An Overview”. Dr. Buffington provides an **excellent**, concise synopsis of hepatitis A to E, burden of disease reported cases, clinical features, risk factors for transmission, serological course of infection, ACIP recommendations, and prevention strategies. A “must have” for presentations to health care providers.
- Graphs depicting typical serological course for hepatitis A, B (acute to chronic), C (acute to chronic), hepatitis B/hepatitis D coinfection and superinfection, and hepatitis E. The handouts are attached to this newsletter
- Video: “**Hepatitis B: The Global Challenge.**” Available in English Mandarin, Korean, Vietnamese, and Cantonese. 25 minutes. Best use: outreach efforts to Asian ethnic communities to prevent hepatitis B. Personal stories are provided from the viewpoint of Asian community members.
- Now available from CDC: “**Back to Basics: The Challenge of Reinstating Hepatitis B Vaccination at Birth,**” a computerized PowerPoint health education program for physicians and hospital personnel. The purpose of the program is to assure that providers are aware of the availability of hepatitis B vaccines that do not contain thimerosal, the importance of resuming the birth dose of hepatitis B vaccine, and the importance of screening pregnant women for hepatitis B surface antigen. Downloaded the file at: www.cdc.gov/ncidod/diseases/hepatitis/b/basics/index.htm

Note: All these resources are available by contacting Trang Kuss at (360) 236-3555 or email a request to trang.kuss@doh.wa.gov.

CHILD Profile System Transitions to DOH

CHILD Profile is Washington State’s health promotion and immunization registry system, designed to help ensure Washington’s children receive the preventive care they need.

Since 1992, CHILD Profile has been led by officials from the Snohomish Health District and Public Health Seattle and King County. However, beginning January 1, 2002, this valuable public health tool will be administered by DOH.

This change is a result of CHILD Profile’s strategic planning process, initiated by the Governing Board and focused on stabilizing the system and completing statewide expansion. During and beyond the transition, both parents and immunization providers should not notice any change in service and operation of the program.

As of September 2001, 75% (354,135) of children under six years of age in Washington had some immunization data in the CHILD Profile system – a 150% increase in the past 20 months. The CHILD Profile immunization registry is now an important tool for many health care providers and, when fully populated, will become the primary tool for assessing

Washington State
Department of Health -
Immunization Program

Primary Business Address
7171 Cleanwater Ln., Bldg. 1
PO BOX 47843
Olympia, WA 98504-7843

Phone: 360-236-3569
Fax: 360-236-3590
Editor's Email:
cindy.gleason@doh.wa.gov



Immunize At All Ages



WA State Dept. of Health
Immunization Program
PO Box 47843
Olympia, WA 98504-7843



IMMUNIZE
At All Ages

Questions, call 360-236-3569

immunization coverage throughout the state. Full statewide expansion, with 95% of the 0 to 6 population in Washington State having complete immunization histories in the system, should be attained by 2006.

DOH has been responsible for the health promotion component of CHILD Profile since 1997. Statewide expansion began in 1998 when parents of all children born after July 1st began receiving the CHILD Profile mailings. By June 30, 2004, every parent of children between 0 and 6 years of age in Washington will receive regular reminders of the need for well-child checkups and immunizations, as well as other important parenting information on topics such as growth, development, nutrition, and safety. Broad partnerships supporting the development and dissemination of these materials already exist and are now more important than ever to assuring parents continue to get the age-specific, comprehensive, coordinated information.

As DOH takes over administering the system, there will be additional planning to integrate CHILD Profile into state public health work. A strong partnership already exists with the state Medicaid Program. Within DOH, discussions have started with the state Immunization Program and the Division of Information Resource Management.

While the CHILD Profile Governing Board and DOH have come to agreement on a way to maintain and transition the system without disrupting service, DOH is assuming responsibility with current resources – approximately 60% of the 2001 operating budget. Along with ideas for streamlining management and improving processes, a scalable operational structure has been developed that will allow DOH to enhance functionality as additional funds are made available through partnerships or grants.

For more information about the transition, contact Janna Halverson at the Washington State Department of Health, (360) 236-3554 / Janna.Halverson@doh.wa.gov

Upcoming IACW Meetings

Executive meeting - 1/9/02, 11:30 - 1:30 at Seattle Jr. League
Health Care Provider subcommittee – 1/23/02, 10:30 – 12:00 at
Children's Hospital

IACW 1/23/02 12:00 - 2:30 at Children's Hospital

Public Awareness Subcommittee and API Task Force – date and
time to be announced for early January 2002

IACW website: <http://www.hmhbwa.org/iacw/index.html>